

RONALD FANTOZZI

9 OF 18

St. Mary's Regional Medical Center
Patient Progress Notes

ADDY 533 HS NR 221342
 1000 1/2 W. TOWELL, MICHAEL J
 1000 1/2 W. TOWELL, RONALD M
 1000 1/2 W. TOWELL RD
 ALBORN NR 04210
 1000 1/2 W. TOWELL RD NR 207-7823875
 1000 1/2 W. TOWELL RD 935399

ID Code For Clinical Services:

NS-Nursing Service	R-Radiology	CS - Cardiology Services
DS-Dietary Service	RC-Respiratory Care	RT-Recreation Therapy
PC-Pastoral Care	ED-Pt. Educator	OT-Occupational Therapy
SW-Social Work	PH-Pharmacy	PT-Physical Therapy
CM-Case Mgmt		ST-Speech Therapy

ID Key	Date	Time	Notes	Signature and Title
NS	10/18	775	and insisting not be called. Dr. Manzel called- 1345 off for day. Dr. Lewandowski to call back. 1400 Dr. Lewandowski called again. - no orders new. Pt med T. Dem 75 M30h + Phenergan 12.5 IV at 1500h. Pt in tears.	
		1530	Pt states he vomited medium amt. brown lic and he feels better now. Taking lig 5 rounds.	
		1700	Ate most of supper. Tol well. States still has pain lower abd. Abd. remains soft - hypo bowel sounds.	
			① Cont. Assess pain. Med pm.	
		1800	Dr. Snyder in to see pt.	
		1800	Pt amb in hall. Gait steady. Pt is guarding abdomen. States pain always present, but tolerable at this time. <i>Andrew Davis</i>	
NS	10/18	1830	#1 Di ① wet, lying in bed. ② green feces noted, rep ambulating in hall earlier in evening. c/o pain while lying back. assessment ① ② Side abd pain. R/L to touch.	
			③ Temporal 101, Pharynx IV Continue to monitor for pain level, encourage to be up ambulating. <i>Jeff Miller</i>	
NS	10/19	0700 1300	#1 c/o pain. States pain an 8 (0-10) guarding R/L abd and not moving in bed. Took a nap to help pain. Freq requesting pain med. ① Co-ordered ② Demoral 25mg IM @ 0700. Pt 1830 ambulated some pain and not moving	

St. Mary's Regional Medical Center
Patient Progress Notes

ID Code For Clinical Services:

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0278533 NS HR 221342
 12/27/98 H042EL, MICHAEL J
 12/10/271, RONALD M.
 47 POLAND RD
 AUBURN HE 04210
 0278533 62 N/M 207-782387
 218103-01 999999

ID Key	Date	Time	Notes	Signature and Title
117	10-9	0400-1300	g Tylenol ES II. Reassessed pain later and pain was 9(0-10). (P) Pain is tolerable but it is a constant ache. @ 1230 requested more pain med, was told that he couldn't have more until 1400. Also advised that his pain med was Del from Demerol to Percocet. "I wish it could just go home. I would rather be in pain there than in here. I would be more comfortable." (P) Continue to assess level of pain.	Melissa Daxen CHC
1379			ch and pain pt stated he would wait until time for Percocet - did not want Tylenol at 1230h - Amb hall - Took shower & day Daxen to go home.	Harber
154			Saw wound removed site looking Pt. Daxen to go home.	Harber
200			medt Percocet. Saw ec. relief. Dr. Mangione to see pt - discharge written.	Harber
203			Instructions given - Pt discharged & Prescriptions	Harber

140070

ADMIT NO 8277565		FC C WC	HOW ARRIVED	MED REC. NO 00221342	PATIENT NAME FANTOZZI, RONALD M		SERVICE NUMBER	ROOM NO.	10/04/98
PATIENT ADDRESS 40 POLAND RD			AGE 36Y	DATE OF BIRTH [REDACTED] 62	PLACE OF BIRTH CT	SEX M	MAR. STATUS M	PAT. CALLED AND ADMITTED	
CITY, STATE, ZIP AUBURN ME 04210			MAIDEN NAME		MOTHER/FATHER NAME		RELEASED		
ATTENDING PHYSICIAN WOOD, DOUGLAS R.			NEXT OF KIN/POUSE		NAME AT LAST ADMIT		VETERAN		
PRIVATE PHYSICIAN BOULANGER, MICHAEL J			DEBORAH / RACE/ORIGIN		RELIGION	PREV DISCH. DATE	EMB. NO.		
DATE AND TIME OF SERVICE 10/04/98 19:40			ACCIDENT DATE/HOUR 10/04/98 8:00		DATE AND TIME OF DEATH				
INSURANCE CO. NAME HEALTHSOURCE ME			POLICY NO. 18103-01		GROUP NUMBER 999999	SUBSCRIBER'S NAME(S) FANTOZZI, RONALD M			RELAT PT
PT. PHONE # 207 782-3873			NEXT OF KIN PHONE # 207 782-3873		SOC. SEC. #		0065422		
DIAGNOSIS CROHN'S DISEASE									
HISTORICAL PAIN OF UNGERMAN GIBROLOGY									
ALLERGIES NISA									
LAST TETANUS									
<p>TRIDGE</p> <p>Mr. Chohan's. Onset RUC del pain & recurrent NVD (x8 episodes) since his Am. Pain typical for Chohan's flare-ups. Has noticed throughout the day. In precipitates hyperventilation syndrome & blood noted in stool & vomitus.</p> <p>See NIN's</p> <p>TRIDGE SIGNATURE Dave Gunn RN</p> <p>11.2 / 15.6 / 45.1 (337)</p> <p>1514</p> <p>9647</p> <p>2200</p>									
<p>PROCEDURE</p> <p>2200</p> <p>N/S @ Bows / son Nino - 6 years old</p> <p>CA-PACING 10 - N - 50 - 50</p> <p>SON - 125 - N - 50 - 50</p> <p>recheck Huerich by 0200</p> <p>Clear liquids in am if any pain</p> <p>P/H Dr Boulanger 122 days</p>									
<p>DISCHARGE DISPOSITION</p> <p>recheck Huerich by 0200</p> <p>Clear liquids in am if any pain</p> <p>P/H Dr Boulanger 122 days</p>									
<p>INITIALS</p> <p>INITIALS</p> <p>INITIALS</p> <p>SIGNATURE</p>									

500685.011.0212

☐ PATIENT CALLED WITH LABORATORY / X-RAY RESULTS: _____

DATE

TIME

INITIALS

**St. Mary's Regional Medical Center
Consent/Assignment/Authorization Statement**

Consent for Treatment

Admission Date: _____

I, the undersigned a patient in this St. Mary's Regional Medical Center ("SMRMC"), hereby authorize employees of SMRMC and physicians(s) (and whomever they may designate as assistants) to administer such treatment as is necessary, and such operations or procedures as are considered therapeutically necessary on the basis of findings during the course of the treatment. I also consent to the administration of such anesthetics as are necessary. Any tissues or parts surgically removed may be disposed of by SMRMC in accordance with accustomed practice. I hereby certify that I have read and fully understand the above Consent for Treatment, the reasons why the treatment/procedure is considered necessary, its advantages and possible complications, if any, as well as possible alternative modes of treatment which may have been explained to me by the attending physician. I also certify that no guarantee or assurance has been made to the results that may be obtained.

Authorization To Release Medical Information

St. Mary's Regional Medical Center is hereby authorized and requested to furnish the Health Service company(s) or its properly authorized agent, my employer and any peer review organization which conducts reviews of health care utilization under an agreement with my employer and/or health insurance carrier, or any person or corporation that is authorized under contract or otherwise, for all or part of the Medical Center's charge; all information required by it to determine benefit, the nature of the visit, diagnostic and treatment information, and copies of my medical record which may be available to said hospital.

Assignment of Benefits

I hereby assign unto St. Mary's Regional Medical Center and related contracted professionals, all hospital insurance benefits due and to become due and payable to me or on my behalf, but not to exceed the Medical Center's charges by virtue of my assignment by the hospital, and I hereby direct the Health Service Insurance Company(s) to pay such benefits directly to the hospital in consideration of the hospital care and services furnished and to be furnished by the hospital.

Payment Terms

I understand payment of charges is due for services rendered within 30 days including any collection or attorney fees. If I am unable to do so I agree to complete a detailed financial statement so alternative payment arrangements can be determined.

Release From Responsibility For Personal Property

I understand and agree that under no circumstances will St. Mary's Regional medical Center be responsible for personal property. I take full responsibility for retaining in my possession or custody any and all such articles.

Authorization For Payment Of Medical Benefits

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries, or any other medical insurers, any information needed for this or a related Medicare, or other medical insurance claim. I request that payment of authorization of authorized benefits be made to St. Mary's Regional Medical Center and to physicians or other providers providing medical services to me or for my benefit. For extended outpatient services I request this authorization apply to the extent of my services.

Medicare Bill of Rights Acknowledgment

I certify that I have received the Medicare Bill of Rights entitled "An Important Message From Medicare/Champus". Acknowledgment of receipt of this message does not waive any of my rights to request a review or make me liable for payment.

I Have Read This Consent/Authorization Completely And Crossed Out Any Words Or Phrases That I Do Not Accept:

<u>Ronald Lantieri</u>	<u>10.4.98</u>	
Patient Signature	Date	TIME
<u>Debra Lantieri</u>	<u>10.4.98</u>	
Guardian Signature	Date	TIME
<u>Y. Lantieri</u>	<u>10/1/98</u>	
Witness Signature	Date	TIME

Telephone Consent Received By: _____ Date: _____

500685.011.0213

St. Mary's Regional Medical Center
45 Golder Street, Lewiston, ME 04240 (207)777-8100
Aftercare Instructions

for Ronald Fantozzi, Monday, October 5, 1998, 2:27 am

IMPORTANT: We have examined and treated you today on an emergency basis only. This is not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. It is impossible to recognize and treat all injuries or illnesses in a single Emergency Department visit. If you had special tests such as EKG's and X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After leaving, you should FOLLOW THE INSTRUCTIONS BELOW.

You were treated today by DOUGLAS BOYINK MD.

GASTROENTERITIS (Stomach Flu).

This is an infection in the intestines (digestion tubes). Most often it is caused by a virus. Virus infections almost always get better on their own. Antibiotic medicines do not help fight them.

Do the following:

- Simplify the diet. For the first 24 hours, a clear liquid diet is best. Clear liquids are those that you can see through (eg. water, broth, Jello, defizzed pop). Eat only small amounts at first.
- After 24 hours, if you are partly better, increase your diet to include toast, soup, and other soft foods.
- Avoid dairy products until feeling quite well. They are harder to digest.

Call your doctor if you have:

- diarrhea that lasts more than 3 or 4 days.
- mucus, blood, or worms in the bowel movements.
- any new or severe symptoms.

THESE ARE YOUR FOLLOW-UP INSTRUCTIONS!

Call Dr. BOULANGER MD in 6 hours if not much better. Call sooner if worsening. You can reach Dr. BOULANGER MD at (207)777-8810, 99 CAMPUS AVE, LEWISTON, ME 04240.

AS ALWAYS, YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY. Please follow the instructions above carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, **CALL OR VISIT YOUR DOCTOR RIGHT AWAY.** If you can't reach your doctor, return to the Emergency Department.

"I understand the written and discussed instructions. My questions have been answered."

Debra Fantozzi
Patient or Responsible Person

Physician or Nurse

SEATBELTS. There is no doubt that seatbelts save lives. Every day in the Emergency Department we see how people without seatbelts are more severely hurt. We always buckle-up! Please do the same!

St. Mary's Regional Medical Center
45 Golder Street, Lewiston, ME 04240 (207)777-8100

for Deborah Ronald Fantozzi, Monday, October 5, 1998, 2:27 am

RETURN TO WORK INSTRUCTIONS

We saw Deborah Fantozzi in our Emergency Department on 10/05/98. Deborah should be able to return to work 10/5/98. Mrs. Fantozzi missed work on 10/4/98 due to a medical emergency in the family.

* *

If you have questions about *'s care, please have * fill out a medical records release form. We would be happy to discuss *'s care with you once that document has arrived.

Thank you for allowing us to care for your employee.

* *, *

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500685.011.0215

FANTOZZI, Ronald Wood SMRMC 10/04/1998
MR#: 221342 ACCT#: 8277565 DOB: [REDACTED]/1962 IN: 1945 EXAM:

PROBLEM: Crohn's disease.

HPI: The patient is a 36-year-old male who has been experiencing nausea, vomiting and diarrhea along with abdominal and flank pain over the last day several days. The patient has Percocet from a previous flare-up and has been taking that with minimal relief. He denies any blood, mucus or pus in his stools. He also denies any hematemesis.

PMH: Hepatitis C, renal colic, ureteral stent secondary to kidney stones and Crohn's disease with resection and reanastomosis.

ALLERGY: No known allergies.

MEDS: Luvox, Pentazine, Sulfasalazine and numerous others.

IMM:

PMD: Dr. Michael Boulanger.

EXAM: General appearance: The patient is a thin white male, awake, alert and well-hydrated.

HEENT: Normocephalic, atraumatic. Pupils are equal and reactive.

NECK: Supple.

LUNGS: Clear.

HEART: Regular rate and rhythm.

ABDOMEN: Soft and tender diffusely, but primarily on the right side. It is not tender over McBurney's point. He has no particular Murphy sign. He does have a little bit of right CVA tenderness. He has no tympany or distention.

COURSE/PROCEDURES: The patient was given Solu-Medrol 125 mg IV, Compazine 10 mg IV and normal saline at a one liter bolus. He was also given Demerol in incremental doses to relieve his pain. Care of the patient is signed out to Dr. Doug Boyink at change of shift and he will dictate the eventual diagnosis and disposition.

X-RAYS: Read by Dr. Wood.

OBSTRUCTION SERIES: Negative for signs of obstruction or free air under the diaphragm.

DX:

1. Abdominal pain in a Crohn's disease patient. Final diagnosis as per Dr. Boyink.

MDM/TX/COUNSEL/COORD:

1. As per Dr. Boyink.

DISPOSITION: Care of patient transferred



Douglas R. Wood, MD

DOD:10/24/1998 DRW/jaf

DOT:10/24/1998

cc: Dr. Michael Boulanger

Dictate, Inc. 207-539-8477 for NES-St. Mary's Regional Medical Center
ORIG. COPY VF#: 1314 Page 1 of 1

500685.011.0216

FANTOZZI, Ronald Boyink SMRMC 10/04/1998
MR# 221342 ACCT # 8277565

ADDENDUM

SUBJECTIVE: The patient's care was transferred to me by Dr. Doug Wood, please see his note. The patient arrived here for evaluation of nausea, vomiting and diarrhea associated with moderately severe right-sided flank pain. The patient apparently has been taking Percocet over the last several days to control discomfort in this region. He has had discomfort as a result of Crohn's disease which was resected several years ago. At the site of reanastomosis he has had intermittent pain on a frequent basis. He is on pentazocine and sulfasalazine. He also apparently has hepatitis C and cannot take prednisone. He states that he has not had blood, mucus or pus in his stools. He did not vomit any bloody material. He has no other current problems. He has had previous kidney stones in the past. He denies current significant back pain. He does have modest discomfort, however.

OBJECTIVE: General appearance: The patient is awake, alert and hydrated. He has already received 75 mg of Demerol in divided doses. He also had 25 mg of Phenergan in divided doses. He is now currently feeling nausea-free but has persistent pain.

ABDOMEN: Soft, is 1+ tender in the right mid abdomen. He has no current lower abdominal tenderness. He has 1+ right flank tenderness.

He was given an additional 50 mg of Demerol because he rates the pain as an eight on a scale of zero to ten. This did not control his symptoms and therefore he was given another 75 mg of Demerol within an hour and a half and this seemed to improve the symptoms somewhat.

LAB: His white count was 11,200. His chemistries were essentially unremarkable. He does have a slightly high albumin. Total bilirubin is 1.5. His SGOT was slightly elevated at 75, SGPT was 164. Sodium 143, potassium 3.9. The urinalysis was dip stick negative for blood but positive for protein and bilirubin.

X-RAYS: Read by Dr. Wood.
OBSTRUCTION SERIES: Negative.

The patient was given various options including the possibility of hospitalization. He was somewhat resistant to being hospitalized. He was given 150 mg of Demerol and 25 of Phenergan IM.

ASSESSMENT:

1. Right-sided abdominal pain, possible mild hepatitis, possible Crohn's hepatitis, possible acute gastroenteritis with dehydration and falsely abnormal tests.
2. Known chronic Crohn's disease and hepatitis C.

PLAN:

1. He was asked to follow-up with Dr. Boulanger in the morning.
2. His care was discussed with Dr. Lewandowski.
3. Care will also need to be directed by Dr. Monzel.

ORIG. COPY

Page 1 of 2

500685.011.0217

FANTOZZI, Ronald Boyink SMRMC 10/04/1998
MR# 221342 ACCT # 0277565

CHEST: (Portable)

4. The patient seemed to understand his instructions and strongly preferred going home.

CONDITION AT DISCHARGE: Good.



Douglas P. Boyink, M.D.

DOD:10/05/1998 DPB/jac

DOT:10/05/1998

cc: Dr. Monzel
Dr. Boulanger

Dictate, Inc. 207-539-8477 for NES-St. Mary's Regional Medical Center

ORIG. COPY

Page 2 of 2

500685.011.0218

ST MARY'S
REGIONAL MEDICAL CENTER
LEWISTON, MAINE

NURSING DOCUMENT
SHEET

EMERGENCY
DEPT. REPORT
CONTINUED

NO. 8277565

PAGE 1 OF

LAST NAME				FIRST	MIDDLE	DATE	TIME	
FANTOZZI, RONALD						DOUG WOOD	10/4/98	
2005				IV NS, cast f/s; #18 intake started @ 10 vein @ w/o rate. Leds drawn & sent.				DSR
2000				Demoral 25 + Phenylen 12.5 slow IVP given / DGR				
2032				Solomachrol 125mg slow IVP given / DGR				
2040				Pt more comfortable - ↓ abd pain & ↓ nausea. ≈ 500 ml IV absorbed & IV rate slowed to KVO. Pt to XR in stable - IV / DGR				
2100	128/70	100	22	IVNS#1 absorbed. Returns from XR. On ED arrival pain @ 10/10 then ↓ to 7/10 p.m. Now pain returning p moving in XRAY & ↑ to 9/10.				
2110				Demoral 25mg slow IVP given / DGR. IV#2 500 ml absorbed & IV rate ↑ to ≈ 500 ml/hr				DSR
2125				Compazine 10mg IV ordered - administered very slowly & ≈ 3mg absorbed over 5 min. Pt reports feeling "fuzzy" & "hand shaking". Compazine 10mg p 3mg. Pulse tachy & bounding.				D/CH
2135	124/70	132	20	IV#2 checked IVNS#3 up @ 200 ml/hr.				
2200	116/82	92	20	Demoral 25 + IVP Phenylen 12.5. Phases but pain persists @ 7-8/10.				
2310	120/114	96	20	Pt voided x1 but no specimen obtained. Remains in pain @ 6/10 Phases - Sec rest start. IV to w/o.				

DATE	INITIALS	SIGNATURE	TIME
DSR	Roe Lunn	RNLPN	
		RNLPN	

DOCTOR'S SIGNATURE

MEDICAL RECORDS COPY

ST MARY'S
REGIONAL MEDICAL CENTER
LEWISTON, MAINENURSING CONTINUATION
SHEETEMERGENCY
DEPT. REPORT
CONTINUED

NO. 8277565

PAGE 2 OF

LAST NAME

FIRST

MIDDLE

Fandozzi, Ronald

WORD/BY/DATE

10/4/88

0020				IV#3 absorbed & IV#4 N/S 1000 up @ \approx 200ml/hr.
				Pain returning & is 7/10. p new sec.
				Pain remains same area \pm Δ in character.
0045	96	24		Danard 25mg IV given (per) relief of Δ in pain.
				Danard 25 mg IV given (per) \pm pt becoming more comfortable.
0115	105/80	88	20	Voided \approx 60ml. Specimen dropped & is home negative. Specimen to lab.
				Danard 50mg IV per.
0200				Pain returning. \downarrow pain \pm moderate.
				Case discussed \pm Dr. Landowski.
0215	108/76	92	22	Danard 150mg IM in.
				Phonogun 25 (D) 200mg/200ml. IV#4 absorbed & IV site N/S.
				Pt is still not pain free but reports pain is tolerable @ 7/10. Urinal, urine strains & specimen exp. dispensed.
				Pt discharge with instructions reviewed \pm pt & wife. Pt to f/u \pm Dr. Baskin 10/5 AM.

DATE	TIME	INITIALS	SIGNATURE
10/4/88		PNL/PN	
		PNL/PN	

DOCTOR'S SIGNATURE

MEDICAL RECORDS COPY

500685.011.0220

**ST. MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

Name: FANTOZZI, RONALD M
Pt. Phone: 782-3873
DOB: [REDACTED]
PHY(S): MICHAEL BOULANGER, M.D.
PHY(S): DOUGLAS R. WOOD, M.D.
Hosp #: 8277565
MR #: 22-13-42
X-RAY #: 08-99-89
Service Date: 10/04/98
NS/Room: ER

OK
if

OBSTRUCTION SERIES 74022

Indication for Study: Crohn's disease with increased abdominal pain

FINDINGS: The chest is unremarkable. There is a non-specific abnormal gas pattern with some scattered loops of what I think are small bowel gas. There are no fluid levels, biliary or free intraperitoneal air. Abscesses or intramural air are not excluded. I don't appreciate any significant calcifications. Left sided opacities which have been renal on the previous study are no longer seen.

IMPRESSIONS: No evidence of free air or obstruction.

Abnormal non-specific gas pattern for which follow up is recommended. Chest is unremarkable.


JOSEPH ULLMAN, M.D./reb

D: 10/05/98 T: 10/05/98

cc MICHAEL BOULANGER, M.D.
X-RAY BACK OFFICE
X-RAY FRONT OFFICE
PHYSICIAN BILLING
RAD

(F)
(Q)
(Q)
(Q)
(Q)

ST MARYS REGIONAL MEDICAL CENTER LEWISTON, MA 04240 (207)777-8400
DAVID GALLICK, M.D., DIRECTOR, DEPARTMENT OF PATHOLOGY

PATIENT NAME: FANTOZZI, RONALD M ACCOUNT #: 8277565
DOCTOR: WOOD, DOUGLAS R. DATE/TIME COLL: 04-OCT-98 08:30 F
D/A DATE: A 04-OCT-98 DATE RECEIVED: 04-OCT-98
LOC: ED SEX: M DATE/TIME REP: 07-OCT-98 08:30 A
SPECIMEN ID: 18816

TEST NAME RESULT ABNORMAL
=====

REFERENCE RANGE
=====

Real
OK

PLEASE NOTE

*DRAW#HOLD-COAG SPECIMEN DISCARDED
*DRAW#HOLD-CHEM SPECIMEN DISCARDED

HEMATOLOGY/COAGULATION

WBC		11.2 H	4.5-11.0 X10 ³
RBC	4.83		4.7-6.1 X10 ⁶
HGB	15.6		14-18 G/DL
HCT	45.1		42-52 %
MCV	93.3		80-94 FL
MCH		32.2 H	27-31 PG
MCHC	34.5		33-37 G/DL
RDW	11.8		11.5-14.5 %
PLATELET COUNT	337		130-400 X10 ³
MPV	7.7		7.4-10.4 FL
LYMPHS (COULTER)	21.0		20-35 %
MONO (COULTER)	8.8		0-15 %
GRAN (COULTER)	68.7		55-81 %
EOS (COULTER)	0.7		0-3 %
BASO (COULTER)	0.8		0-1 %

CHEMISTRY/CARDIAC/LIPIDS

CALCIUM	10.0		8.7-10.7 MG/DL
GLUCOSE	92		70-108 MG/DL
BUN	16		7-22 MG/DL
CREATININE	0.7		0.6-1.2 MG/DL
TOTAL PROTEIN		8.5 H	6.0-8.3 G/DL
ALBUMIN		4.9 H	3.5-4.8 G/DL
GLOBULIN	3.6		2.3-5.3 G/DL
A/G RATIO	1.4		1.1-1.8
TOTAL BILIRUBIN		1.5 H	0.3-1.2 MG/DL
DIRECT BILIRUBIN		0.5 H	0.0-0.4 MG/DL
INDIRECT BILIRUBIN		1.0 H	0.0-0.8 MG/DL
ALKALINE PHOS	91		37-107 U/L
SGOT		75 H	8-42 U/L
SGPT		164 H	0-55 U/L

CHEMISTRY/CARDIAC/LIPIDS (continued on next page)

WOOD, DOUGLAS R.

*** FANTOZZI, RONALD M, 07-OCT-98 AT 08:30 *** (CONT) FINAL REPORT

ST MARYS REGIONAL MEDICAL CENTER LEWISTON, MA 04240 (207)777-8400
DAVID GALLICK, M.D., DIRECTOR, DEPARTMENT OF PATHOLOGY

PATIENT NAME: FANTOZZI, RONALD M
DOCTOR: WOOD, DOUGLAS R.
D/A DATE: A 04-OCT-98
LOC: ED SEX: M
SPECIMEN ID: 18816

ACCOUNT #: 8277565
DATE/TIME COLL: 04-OCT-98 08:30 PI
DATE RECEIVED: 04-OCT-98
DATE/TIME REP: 07-OCT-98 08:30 AI

TEST NAME =====	RESULT =====	ABNORMAL =====	REFERENCE RANGE =====
CHEMISTRY/CARDIAC/LIPIDS (continued)			
AMYLASE	53		34-122 U/L
NA	143		135-145 MEQ/L
K	3.9		3.8-5.2 MEQ/L
CL	103		98-108 MEQ/L

See p2

WOOD, DOUGLAS R.

*** FANTOZZI, RONALD M, 07-OCT-98 AT 08:30 *** (CONT)

FINAL REPORT

500685.011.0223

ST MARYS REGIONAL MEDICAL CENTER LEWISTON, MA 04240 (207)777-8400
DAVID GALLICK, M.D., DIRECTOR, DEPARTMENT OF PATHOLOGY

PATIENT NAME: FANTOZZI, RONALD M ACCOUNT #: 8277565
DOCTOR: WOOD, DOUGLAS R. DATE/TIME COLL: 05-OCT-98 01:57 A
D/A DATE: A 04-OCT-98 DATE RECEIVED: 05-OCT-98
LOC: ED SEX: M DATE/TIME REP: 07-OCT-98 08:30 A
SPECIMEN ID: 18885

TEST NAME =====	RESULT =====	ABNORMAL =====	REFERENCE RANGE =====
--------------------	-----------------	-------------------	--------------------------

URINALYSIS/PARASITOLOGY/IMMUNOLOGY

URINE REFRIGERATED	NO		
URINE CULTURED?	NO		
URINE APPEARANCE	CLEAR		CLEAR
URINE COLOR	YELLOW		YELLOW
URINE SPEC. GRAVITY	1.020		1.008-1.030
URINE LEUKO EST.	NEGATIVE		NEGATIVE
URINE NITRITE	NEGATIVE		NEGATIVE
URINE PH	5		5.0-8.0
URINE PROTEIN	NEGATIVE		NEGATIVE (MG/DL)
URINE GLUCOSE	50		NORMAL (MG/DL)
URINE KETONES	+1		NEGATIVE
URINE UROBILINOGEN	NORMAL		NORMAL (MG/DL)
URINE BILIRUBIN	NEGATIVE		NEGATIVE
URINE OCCULT BLOOD	NEGATIVE		NEGATIVE (ERY/UL)
URINE RBCS	NEGATIVE		NEGATIVE (/HPF)
URINE WBCS	NEGATIVE		NEGATIVE (/HPF)
URINE BACTERIA	NEGATIVE		NEGATIVE (/HPF)
URINE CRYSTALS	NEGATIVE		NEGATIVE (/HPF)
URINE CASTS	NEGATIVE		NEGATIVE (/LPF)
URINE MUCUS	PRESENT		NONE SEEN (/LPH)
URINE SQUAMOUS CELL	NEGATIVE		NEGATIVE (/HPF)
URINE TRANSITIONALS	NEGATIVE		NEGATIVE (/HPF)
URINE OTHER CELLS	FEW HISTIOCYTES PRESENT		NEGATIVE (/HPF)

WOOD, DOUGLAS R.

*** FANTOZZI, RONALD M, 07-OCT-98 AT 08:30 ***

FINAL REPORT

500685.011.0224

ST. MARY'S REGIONAL MEDICAL CENTER

DIAGNOSIS

Crown's Disease

STAT

ROUTINE

DATE REQUESTED

10/4/98

SHIFT

PRE-OP

REQUESTED BY

D. SUMNER

DO NOT WRITE IN THESE SPACES

NAME

E277565

NR

221342

ROOM NO.

10/04/98

ADDRESS

FANTAZZI, RONALD H

HOSP. NO.

40 POLAND RD

PHYSICIAN

MURRAY

NE 04210

210103-01

999999

DATE OF SERVICE

008 462

7083072

Specimen Received

BLOOD BANK-1

TEST	RESULT	TEST	RESULT
TYPE & SCREEN		COOMBS	
TYPE & X MATCH		DIRECT	
GROUP & HOLD (NO WORKUP)		ANTI IgG	
ABO GROUP		ANTI-COMPLEMENT	
Ph		X MATCH - UNITS	
ANTIBODY SCREEN		PHLEBOTOMY	
AUTO CONTROL		BLOOD DRAWN BY:	DATE
		TECHNOLOGIST:	DATE
		BLOOD REDRAWN BY:	DATE
		TECHNOLOGIST:	DATE
			TIME
			TIME

No workup ordered
Specimen discarded

PHYSICIAN OR CHART

St. Mary's Regional Medical Center Procedure Record

Date: 9-14-98 Time: 1005

Physician: Mongel

Chief Complaint/ Dx: Crohn's. abd pain, diarrhea

0254712 CC HR 281342
ACR 9/14/98
FANTGZZ: RONALD H
40 POLAND RD
AUGURN NE 68210
218103-01 999999

Pertinent Physical Findings:

Pre Procedure Evaluation: 7082873

Dictated Note: ☒ Colonoscopy

Procedure:

Findings:

Inte rectum clear
① marked inflammation with ulcers
at the end to side anastomosis
with at ulcers Bx w - the
inflammation is very severe
TI mucosa is otherwise normal
colitis distal to anastomosis normal
distal

Plan of Care: - Cortisone per rectum 500 mg
- 2 Mowal A call

[Signature]
Physician Signature

St. Mary's Regional Medical Center
Consent/Assignment/Authorization Statement

Admission Date:

9-14-98

40 POLAND RD

Consent for Treatment

I, the undersigned a patient in this St. Mary's Regional Medical Center ("SMRMC"), hereby authorize employee(s) of SMRMC and physicians(s) (and whomever they may designate as assistants) to administer such treatment as is necessary, and such additional operations or procedures as are considered therapeutically necessary on the basis of findings during the course of said treatment. I also consent to the administration of such anesthetics as are necessary. Any tissues or parts surgically removed may be disposed of by SMRMC in accordance with accustomed practice. I hereby certify that I have read and fully understand the above Consent for Treatment, the reasons why the treatment/procedure is considered necessary, its advantages and possible complications, if any, as well as possible alternative modes of treatment which have been explained to me by the attending physician. I also certify that no guarantee or assurance has been made to the results that may be obtained.

Authorization To Release Medical Information

St. Mary's Regional Medical Center is hereby authorized and requested to furnish the Healthsource insurance company(s) or its properly authorized agent, my employer and any peer review organization which conducts reviews of hospital utilization under an agreement with my employer and/or health insurance carrier, or any person or corporation that is or may be liable under contract or otherwise, for all or part of the Medical Center's charge; all information required by it to determine benefits, including nature of the visit, diagnostic and treatment information, and copies of my medical record which may be available to said hospital.

Assignment Of Benefits

I hereby assign unto St. Mary's Regional Medical Center and related contracted professionals, all hospital insurance benefits now due and to become due and payable to me or on my behalf, but not to exceed the Medical Center's charges by virtue of my treatment by the hospital, and I hereby direct the Healthsource Insurance Company(s) to pay such benefit directly to the hospital in consideration of the hospital care and services furnished and to be furnished by the hospital.

Payment Terms

I understand payment of charges are due for services rendered within Thirty (30) days including any collection or attorney's fees. I am financially unable to do so, I agree to complete a detailed financial statement so alternative payment arrangements can be determined. I agree to pay all charges for services not authorized for payment by any Health Maintenance Organization, Preferred Provider Organization or other Managed Care Organization for which I seek certification for treatment by St. Mary's.

Release From Responsibility For Personal Property

I understand and agree that under no circumstances will St. Mary's Regional Medical Center be responsible for my personal property. I take full responsibility for retaining in my possession or custody any and all articles. I acknowledge that I have declared or listed all items of personal property I have chosen to keep in my possession or custody while at St. Mary's, and further acknowledge that I have been offered an opportunity to have my personal property kept at St. Mary's during my stay at St. Mary's, and that I have refused that offer.

Authorization For Payment Of Medical Benefits

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers or any other medical insurers, any information needed for this or a related Medicare, or other medical insurance claim. I request the payment of authorization of authorized benefits be made to St. Mary's Regional Medical Center and to physicians or organization providing medical services to me or for my benefit. For extended outpatient services I request this authorization apply to the extent of my services.

Important Message From Medicare/Champus

I certify that I have received the Medicare Bill of Rights entitled "An Important Message From Medicare/Champus". Acknowledgement of receipt of this message does not waive any of my rights to request a review or make me liable for payment.

I Have Read This Consent/Authorization Completely And Crossed Out Any Words Or Phrases That I Do

Not Accept:

Patient Signature:

Ronald M. [Signature]

Date

9/14/98

Time

1020

Guarantor Signature

[Signature]

Date

9/14/98

Relationship

Witness Signature

Date

Telephone Consent Received By:

140209

Date:

Time:

**ST. MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

8254712

22-13-42

FANTOZZI, RONALD M

DOB: [REDACTED] 62

PROCEDURE NOTE

INPATIENT _____ OUTPATIENT XX DATE: 09/14/98

PHYSICIAN: MICHAEL MONZEL, M.D.

PROCEDURE: Colonoscopy

INDICATIONS: This 36 year-old male has had relatively refractory right-sided pain and diarrhea that has been suspicious for reactivation of his Crohn's disease. The patient has had relatively inactive Crohn's for some years. He is now close to 7 years status post ileal and right colonic resection for refractory Crohn's ileitis and stricturing. He has recently had problems for what was suspected to be nephrolithiasis on the right. He has recently been placed on Pentasa empirically 500 mg PO qid to take the place of sulfasalazine, and diarrhea is beginning to improve. Patient has also been taking Percocet occasionally for pain. He has otherwise been in relatively stable health.

ALLERGIES: No known drug allergies

PHYSICAL EXAMINATION: Well nourished, although thin. No rash. **LUNGS:** Clear. **HEART:** No murmur. **ABDOMEN:** Impressive right-sided tenderness. No mass.

ANESTHESIA: Fentanyl 150 mcg, Benadryl 50 mg, Versed 5 mg IV

INSTRUMENT: Olympus CIF 100 videoendoscope

FINDINGS: Digital examination revealed no mass in the rectum. The endoscope passed by the anal canal into the rectum. Under direct visualization, the scope was advanced to the left colon, across the transverse colon, into the ileocolonic anastomosis in the right colon. This was an end-to-side anastomosis and very difficult to enter. The patient had to be repositioned with the endoscope to enter it. There was a focal ulceration and significant hyperemia around it, and it appeared mildly narrowed. Despite this narrowing, however, the endoscope could pass into the neo-terminal ileum. There was hyperemia in the most distal 5 cm of the terminal ileum without ulceration. The more proximal terminal ileum was examined for approximately 20 cm and was normal. Biopsies were taken of the ileocolonic anastomotic area. The colon distal to this was entirely normal, including remaining right colon, transverse, descending, sigmoid colon, and rectum. Random biopsies were taken in the right colon distal to the anastomosis. Retroverted turn revealed no other pathology.

(SEE NEXT SHEET)

500685.011.0229

PROCEDURE NOTE
FANTOZZI, RONALD M
Page 2

MICHAEL MONZEL, M.D.

8254712

IMPRESSIONS:

1. Focal but significant inflammatory change at the ileocolonic anastomosis consistent with recurring Crohn's
 - a. minimal anastomotic narrowing
 - b. proximal terminal ileum and distal colon normal

PLAN: Continue Pentasa which appears to be resulting in a response. Biopsies to be reviewed.



MICHAEL MONZEL, M.D.

D: 09/14/89 MM
T: 09/15/98 sb

cc: MICHAEL MONZEL, M.D.
MICHAEL BOFLANGER, M.D.
DEPT2

(P)
(F)
(P)

**St Mary's Regional Medical Center
Department of Pathology**

Final Pathology Report

Patient Name	Fantozzi, Ronald	Surgical #:	S-98-3460
Date of Birth:	██████ 62	Date Received:	09/14/98
Account Nbr:		Date Reported:	09/16/98
Location:	OPD	Document ID:	256680004243C7
Physician:	Monzel	Copies To:	

Specimens:

- #1. Ileocolonic anastomosis
- #2. Biopsy right colon

Gross Examination:

#1 consists of three 4 mm light tan fragments of soft tissue which are entirely submitted.

#2 consists of two 4 mm light tan fragments of soft tissue which are entirely submitted.

Microscopic Examination:

#1 consists of segments of tissue from the ileocolonic and anastomosis which shows an increase in chronic inflammatory cells and eosinophils and a few polys in the superficial areas of the mucosa. No areas of atypia are noted. The changes overall are mild and nonspecific in appearance.

#2 consists of sections of colonic mucosa which show some mild edema. No atypia or inflammation is noted.

Diagnosis:

- #1. Mild nonspecific acute and chronic inflammation, segments of mucosa and ileocolonic anastomosis.
- #2. Segments of right colonic mucosa.

Codes:



Dr. David J. Gallick, M.D., Pathologist

S-98-3460 Fantozzi, Ronald

8254712 DB NR 228342
ADM 9/14/98
FANTOZZI, RONALD M
40 POLAND RD
AUBURN ME 04210
218103-01 999999

St. Mary's Regional Medical Center
Permission For Special Procedures - Outpatient

7023073

I authorize the performance of a Colonoscopy with possible biopsy
and/or polypectomy procedure on
Ronald Fantozzi performed by or under the direction of Dr. Monzel
(Name) (Name of Physician)

The nature and purpose of the procedure, possible alternative methods of treatment, the risks involved, the possible
consequences and the possibility of complications have been explained to me by Dr. Monzel
(Name of Physician)

I acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained.

Date: 9/14/98
Time: 1015

[Signature]
(Witness)

[Signature]
(Signature of patient or guardian or medical power of attorney)

I certify that the nature and purpose of the procedure, including the possibility of complications have been explained
to the patient.

[Signature]
(Signature of physician)

St. Mary's Regional Medical Center
Endoscopy Flow Sheet

Date 9-14-98 Procedure Colon
Diagnosis Celiac, and polyps Physician Mongel
Allergies NKA
I.V. Therapy Soln 0.9% NaCl Site Hand Needle #22 Insyte
Time 1104 Rate KVO
Attempts 1 Signature J. Gindler

PCS 4712 OD NR 221342
ADM 9/14/98
TAMT0221, RONALD H
40 PCLAND RD
AUBURN ME 04210
218103-01 999999

LOS 162

7083873

Time arrived in procedure room 1104
☒ Pt. identified by arm band
☒ Verbal verification of procedure with patient
☒ Stretcher locked / Side rails up
☒ Consent signed

☒ Cardiac Monitor
☒ Oximeter
☒ NIBP

Scope CF-100 Start Time 1127

Int.	Signature	Int.	Signature

Time	Medications	Dosage	O2 Sat	Patient Response	Int
1104	Bumadryl	25 mg IV	97	1132 Fentanyl 25 mcg IV	LTB
1106	Bumadryl	25 mg IV	98	1135 Fentanyl 25 mcg IV	LTB
1109	Fentanyl	25 mcg IV	98		LTB
1111	Fentanyl	25 mcg IV	98		LTB
1113	Versed	1 mg IV	98		LTB
1115	Versed	1 mg IV	96		LTB
1117	Versed	1 mg IV	96		LTB
1119	Versed	1 mg IV	96		LTB
1121	Fentanyl	25 mcg IV	96		LTB
1123	Versed	1 mg	97	Browny - no name	LTB
1125	Fentanyl	25 mcg IV	98		LTB

Assessment

Time	B/P	P	R	O2 Sat	Cardiac Rhythm	Comments
1107	126/79	90	20	98	RSR	
1112	125/71	92	20	98	RSR	
1117	121/65	86	20	98	RSR	
1122	107/43	86	20	97	RSR	
1127	125/78	90	20	97	RSR	
1132	124/70	90	20	99	RSR	
1138	144/76	88	20	99	RSR	
1142	134/79	90	20	99	RSR	

☒ Start Time 1121 D/d 1145 Liters 2L/min Via N/C
☐ Caustic ☐ Bicap Cut ☐ Coag ☐ Pure ☐ Blend Pad # ☐ Pad Site ☐
☐ Dilators Type ☐ Size ☐ Sclerotherapy Procedure end time 1142

Specimens

1 box Ileo-Colonic
Anastomosis
2 box right colon

Patient Status Post Procedure

LOC ☐ Awake ☒ Drowsy, arousable to verbal stimuli ☐ Drowsy, arousable to tactile stimuli
☐ Unresponsive/antagonistic given
☐ Combative ☐ Retching

Skin ☒ Pink ☐ Pale ☐ Dusky ☐ Cyanotic ☒ Warm
☐ Cool ☒ Dry ☐ Diaphoretic

Respirations ☒ Regular ☐ Shallow ☐ Labored

Transferred to Recovery Room Time 1145

Time of
Specimens to Lab

Asst. J. W. W. R. Circulator J. Gindler

Post Procedure Flow Sheet

Level of Consciousness 2 = fully awake
1 = drowsy, but oriented
0 = very sleepy

Color 2 = pre procedure color
1 = pale
0 = very pale, dusky

Respirations 2 = deep, easy spontaneous
1 = respirations adequate; deep when encouraged
0 = respirations shallow dyspneic

Bleeding 2 = no signs of bleeding
1 = slight bleeding, small amount
0 = large amount of bleeding

Nausea and Vomiting 2 = no nausea
1 = some nausea
0 = nausea and vomiting

Pain 2 = no pain
1 = minimal pain
0 = excessive pain

Activity 2 = ambulates steadily
1 = ambulates with assistance
0 = bedrest

Diet 2 = tolerates p.o. fluids well
1 = has not taken p.o. fluids
0 = unable to take fluids

Abdomen 2 = soft, nondistended
1 = soft, distended
0 = firm, distended

Esophagus 2 = swallowing without difficulty
1 = Swallowing with difficulty
0 = unable to swallow

P254712 OD MR 281342
AOM 9/14/98
FANTOZZI, RONALD M
40 POLAND RD
AUBURN ME 04210
218103-01 999999

Vital Signs				Nursing Assessment 7821071															
Time	BP	P	R	Loc	Color	Resp	Bld.	N/V	Pain	Act.	E/A	Diet	O2 Sat	O2 LPM	IV Rate	Ink			
1145	120/60	70	20																
1210	110/70	70	18	1	2	2	2	2	2	0	2	1	97%	10	10	10	10	10	10
1222	102/70	80	18	2	2	2	2	2	2	0	2	2	98%	10	10	10	10	10	10

☒ IV dc'd at 1250 Volume infused 500 ml ☒ No redness or swelling at IV site

Intervention	Intervention	Intervention

Comments

Discharge Summary (circle one) 2 = meets all criteria satisfactorily.
1 = fails to meet all criteria: discharge by doctor with special instruction.

0 = continued skilled observation required: patient admitted to hospital. Room Number

Report given to

Discharge Time 1300
Discharge to ☒ home ☐ relatives home
☐ other

Via ☐ ambulatory ☒ wc ☐ other
accompanied by ☐ spouse ☐ relatives ☐ friend
☐ other

☐ Instructions to patient/family
☐ Patient/family verbalized understanding of instructions
☒ Discharged with belongings
☒ Doctor spoke to patient before discharge

Patient teaching aids given to patient
☐ Pamphlet, Informational Sheets
☐ Dressing change equipment
☐ Prescription
☐ Other

Ink	Signature	Ink	Signature
10/1	Wanda	RV	Wanda

SHOUTPATIENTFORM.PDS

500685.011.0234

Physician's Orders

Name: _____

RES 4712 CD

NR

221942

ASH 9/14/98

JAN 10 221. RONALD W

100 POLAND RD

JAN 10 221. RONALD W

JAN 10 221. RONALD W

Date Started	Date Discontinued	OPD - Pre Endoscopy Orders Dr. O'Connor, Dr. Monzel, Dr. Sivulich, Dr. Lewandowski	Signature
9-14-98		1. For patients having a colonoscopy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> a) start colyte 8oz q 5-10 min until returns are clear Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> b) give tap H2O enemas until returns are clear	
		2. Start an IV - NS - KVO rate.	
		3. Reglan 10mg IV for nausea/vomiting (circle YES or NO).	
		4. (Circle YES or NO) Titrate Premeds	
		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> a) Stadol 0.5 mg - 1.0mg IV	
		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> b) Demerol 25 mg - 50mg IV	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO c) Fentanyl 25mcg - 50mcg IV may repeat dose x1	
		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> d) Droperidol 0.625 mg - 1.25 mg - 2.5mg IV	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO e) Benadryl 50mg IV	
		5. O2 at 2 liters prn to maintain O2 saturation over 90%.	
		6. Versed 0.5 mg - 1.0 mg IVP q 2 mins up to 10 mg intraprocedure for sedation	
		7. Give and titrate Fentanyl 50 mcg IV prn	
9-14-98		Post Endoscopy Orders	
		1. Blood pressure, pulse and respiration	
		q 15 min x 2 - if stable	
		q 1/2 hr x 2 - if stable	
		q 1 hr x 2 - if stable	
		2. Narcan 0.2mg - 0.4mg IV per nursing assessment if Fentanyl/Stadol/Demerol was given for a premeditation.	
		3. NPO until gag reflex returns.	
		4. May be discharged in 1 - 1 1/2 hours post procedure if stable or as ordered by the physician.	
		5. Trifluon 5mg IM if needed for nausea and/or vomiting.	
		6. Rectal tube prn if unable to pass flatus.	

Med. Dept. Approval: 37975

500685.011.0235

St. Mary's Regional Medical Center

Outpatient Department Discharge Instructions

You have undergone a procedure called:

☐ Gastroscopy

☒
☐ ERCP

4712 00 HR 281342
 ADM 9/14/98
 Colonoscopy, ROBAL Bronchoscopy M
 40 PCLAND RD
 Minor Surgery HE 04210
 218103-01 999999

1. You must have someone drive you home if you have received sedation. You cannot drive and you should have someone stay with you the remainder of the day. Do Not Drive a car, operate machinery, make any important decisions, or drink alcohol.
2. Limit your activities for today. Go home and rest. The effects of the medications should wear off by the next day and you will be able to resume your normal activities.
3. Diet: Eat a light diet (soups, jello, ect.) / soft diet and advance gradually today to your normal diet unless otherwise instructed by your doctor. Drink plenty of fluids.
4. You may resume your normal prescription medicines, unless otherwise instructed by your doctor.
5. There may be some soreness where the instruments have been, this will wear off in a day or two.
6. Some bloating may be experienced if air has been retained in your gastrointestinal tract (stomach and/or bowel) this will pass as you expel the air.
7. Call Dr. Mongel at 7845784 if you have any questions or any of the following problems:
 - Excessive pain, nausea/vomiting
 - Signs of any excessive bleeding
 - Redness, tenderness, and swelling at the IV site that persists for more than 48 hours
 - Temperature greater than 101 not related to a cold or flu
8. Your doctor will notify you about the results of any biopsies. If you have not been notified within a week with the results, contact your doctor.
9. If a biopsy or a polypectomy has been done, blood thinners, ASA or any products containing ASA should be avoided for one week.

Patient/Accompanying Adult: Randy SmithInstructions Reviewed By: [Signature]

Office Appointment with Dr. _____

Date: _____

Time: _____

Continue Pentasa as directed
 Dr. Mongel with call with results

Reviewed and given to patient by: [Signature]

**ST. MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

8229528

300-A

22-13-42

FANTOZZI, RONALD M

DOB: [REDACTED]/62

DISCHARGE SUMMARY

(Identification Sheet)

Page 1

Admitted: 08/17/98

Dictator: MICHAEL BOULANGER, M.D.

DISCHARGE DATE: 08/20/98

DEATH DATE:

PROVISIONAL DX Right renal colic secondary to right ureteral obstruction

ALLERGIES, INC. DRUG REACTIONS

INFECTIONS & COMPLICATIONS

Without

CONSULTATIONS

Paul Mailhot, M.D.

PRINCIPAL PROCEDURE (date)

SECONDARY PROCEDURE (date)

8/18/98 - Right ureteral stent with retrograde pyelogram

PRINCIPAL DX

1. Right renal colic secondary to presumptive passage of renal stone with subsequent ureteral spasm

SECONDARY DX

2. Crohn's disease, currently quiescent, at risk for oxalate stones
3. Hepatitis C with mild hepatocellular perturbation but previously benign liver biopsy
4. Adjustment disorder with anxiety and panic
5. Status post partial colectomy with incidental appendectomy in 1989
6. Status post cholecystectomy in 1992
7. Allergic rhinitis
8. Prior history of Staph aureus airway colonization

(SEE NEXT SHEET)

500685.011.0237

**ST. MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

8229528

300-A

22-13-42

FANTOZZI, RONALD M

DOB: [REDACTED] 62

DISCHARGE SUMMARY

Admitted: 08/17/98

Discharged: 08/20/98

Dictator: MICHAEL BOULANGER, M.D.

HPI: Ronald Fantozzi is a 36-year-old white male evaluated at SMRMC D-3 from 8/17 through 8/20/98 for right renal colic secondary to presumptive nephrolithiasis, necessitating placement of right ureteral stent.

The patient has a fairly complicated medical and surgical history for a young man. He has had a long-standing history of Crohn's disease and Hepatitis C infection with prior left renal colic. This admission was precipitated by a 24-hour history of repetitive right flank pain in association with gross hematuria. The patient appeared to be in significant pain at the time of admission, requiring parenteral analgesia. He was admitted to the medical service by Dr. Jeff Brown in coverage.

INITIAL EXAM: The patient was uncomfortable with reproducible right flank percussion tenderness. Temp was 36.5°, pulse 88, respiratory rate 20, BP 140/80. HEENT unremarkable. Neck was supple. Lungs clear. Heart sounds physiologic. Abdomen was soft, bowel sounds active. No visceromegaly. The patient did have right mid to lower abdominal tenderness with mild right flank percussion tenderness. Extremities without CCE. Pedal pulses intact. There were no focal neurologic deficits. Skin was clear.

LAB DATA: On admission, white cell count 8300, hemoglobin 13, hematocrit 39, platelet count 235,000. MCV was 92, INR 12, PTT 29. Chemistry profile remarkable for BUN of 12, creatinine of 0.8, glucose 105. Total bili 1.2, SGOT 46, potassium 4.0. Urinalysis revealed pH of 5.0, specific gravity of 1.025, 3+ RBC's, 2+ bacteria. IVP with no evidence of obstruction with slight lucency noted at the mid to proximal portion of the right ureter, most likely a crossing vessel or spasm. On 8/18, SGOT 47 with SGPT of 79, total bili 1.7, albumin 3.5. Retrograde pyelogram with evidence of distal urethral catheter in place in the right ureter with question of a filling defect at the L-3/4 level, perhaps bubbles or stones. On 8/19, simple bleeding time 14 minutes. On 8/20, hemoglobin 12, hematocrit 37, MCV 95, platelet count 228,000. BUN 2, creatinine 0.6. Uric acid 2.6, potassium 3.6.

HOSPITAL COURSE: The patient was admitted to the medical service and begun on parenteral analgesia. He initially preferred IV Demerol by pump. Ultimately this proved to be ineffective and he returned to IM Demerol and Toradol. He was seen in urology consultation by Dr. Mailhot. On 8/19, Dr. Mailhot performed right ureteral stent placement with retrograde pyelogram. The procedure was well tolerated and subsequent pain seemed

(SEE NEXT SHEET)

500685.011.0238

DISCHARGE SUMMARY
FANTOZZI, RONALD M
Page 3

MICHAEL BOULANGER, M.D.

300-A

8229528

to slowly improve. By the evening of 8/20, the patient had converted to oral medication for pain control; he was hungry and anxious to return home. Vital signs and examination remained stable. Coagulation studies were normal with bleeding time at high limits of normal range. The patient was not felt to be at risk for coagulopathy. He was discharged to home to the care of his family.

DISCHARGE PLANS: To summarize discharge plans:

1. Push PO fluids with regular diet.
2. Percocet one or two q. 4 prn.
3. Naprosyn 500 mg b.i.d. with meals prn.
4. Prilosec 20 mg q.d. while taking Naprosyn.
5. Ativan 0.5 h.s. prn for sleep and muscle relaxation.
6. The patient may increase activity as tolerated.
7. The patient to call offices of Dr. Boulanger and Dr. Mailhot for follow up appointment.
8. Patient out of work until cleared medically.


MICHAEL BOULANGER, M.D.

D: 08/26/98 MB
T: 08/30/98 trb

cc: Michael Boulanger, M.D.
Paul Mailhot, M.D.
STMA

(P)
(P)
(P)(O)

ISSUE DATE: 8/25/98
 ISSUE TIME: 8.45.17

ST. MARY'S
 PHYSICIAN ATTESTATION REPORT

PGM-ID: BCM601

PATIENT NAME: FANTOZZI, RONALD M A 6 Y SEX: M
 ACCOUNT NUMBER: 8229528 IS/G300 A
 MEDICAL RECORD NUMBER: 221342 CLASS: C - COMMERCIAL
 ADMISSION DATE: 8/17/98
 DISCHARGE DATE/STATUS: 8/20/98 H - HOME

MDC/DRG ASSIGNMENT

11 - DISEASES & DISORDERS OF THE KIDNEY AND URINARY TRACT
 324 - URINARY STONES W/O CC

PRINCIPAL DIAGNOSIS: 592.0 CALCULUS OF KIDNEY

SECONDARY DIAGNOSES

2. 300.00 ANXIETY STATE NOS	3. 555.9 REGIONAL ENTERITIS NOS
4.	5.
6.	7.
8.	9.
10.	11.
12.	13.
14.	15.

PRINCIPAL SURGEON: 2713 MAILHOT, PAUL R

PROCEDURES

	DATE	PHYSICIAN
59.8 URETERAL CATHETERIZATION	8/19/98	2713 MAILHOT, PAUL R
57.32 CYSTOSCOPY NEC	8/19/98	2713 MAILHOT, PAUL R
87.74 RETROGRADE PYELOGRAM	8/18/98	4033 ULLMAN, JOSEPH M

ATTENDING PHYSICIAN: 869 BROWN, JEFFREY L

Concurrence: Dr. Mailhot